



**Qualified Car Club Representative
Inspection Statement
For Classic Assembled Motor Vehicles**

Section 1: TO BE COMPLETED BY APPLICANT

Name _____

Address _____

City _____ State _____ Zip _____

Section 2: TO BE COMPLETED BY QUALIFIED CAR CLUB REPRESENTATIVE ONLY

Vehicle Year _____ Make _____ Model _____

Engine Serial # _____

Transmission Serial # _____

Cowl Serial # _____

Door Serial # _____

Door Serial # _____

Door Serial # _____

Door Serial # _____

Frame Serial # _____

Body Serial # _____

Rear Clip Serial # _____

Nose Serial # _____

The following major component parts are NOT the original parts for this vehicle:

Are the parts listed above essentially the same in design and material to that originally supplied by the manufacturer for the year, make and model of vehicle listed above?

☐ Yes

☐ No

This is to certify that I have made a physical examination of the all of the major component parts of this vehicle and I certify that the information contained above is true and accurate. I am a Nebraska Department of Motor Vehicles Qualified Car Club Representative.

Date _____ Printed Name _____

Car Club I am Representing: _____ Telephone #: _____

Signature _____